



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1204

DATE: January 2, 2013

TO: Iowa Medicaid Targeted Case Managers, Case Managers, and Home and Community Based Services (HCBS) Waiver (Excluding Individual Consumer Directed Attendant Care) Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Assisted Living On-Call Service for Elderly Waiver

EFFECTIVE: March 1, 2013

The IME is pleased to announce a new service available to Medicaid members enrolled in the Elderly Waiver program and who reside in an assisted living facility (ALF) that participates with Iowa Medicaid. Beginning March 1, 2013, these members are eligible for the On-Call service through the Elderly Waiver program.

What is the On-Call Service?

The On-Call service provides payment for assisted living staff to be on-call 24 hours per day to meet the member's scheduled, unscheduled, and unpredictable needs in a manner that promotes maximum dignity, independence, and provides safety and security. This service can be provided to ALF residents in addition to other waiver services.

All assisted living programs that are enrolled with the IME to provide assisted living Consumer Directed Attendant Care (CDAC) services are eligible providers. The IME has taken action through the Individual Services Information System (ISIS) to make the On-Call service billing code available to these providers.

How to add the On-Call service to the member's service plan:

The addition of the On-Call service to a member's service plan can be initiated by the member/guardian, the ALF, or by the case manager. Working in conjunction with the member, this team determines the maximum number of days to be approved per month. This service will not be automatically added to any member's plan. Action is required of the member, provider, and case manager to effectuate addition of this service to the member's service plan.

The addition of this service may require revisions to the other waiver services the member may be receiving. The monthly maximum amount of Elderly Waiver services effective January 1, 2013, is \$1,300 for nursing facility level of care, and \$2,684 for skilled level of care. These maximums are inclusive of all waiver services regardless of which provider is authorized for those services. If the member's proposed monthly plan exceeds the monthly funding maximum then the team must work together to bring the plan within budget. The

amount of waiver services provided to any member is determined by that member's assessed needs, and is not determined by the desire to use the entire monthly funding maximum.

What documentation is required?

All Medicaid providers, including waiver providers, must document their services in accordance with the Iowa Administrative Code 441-79.3. For the On-Call service the ALF provider will use census information based on member bed status each day. Since there are no direct hands-on services to be billed, the sort of detailed service documentation that is required for CDAC is not needed for this service, but the specific information required by the IAC 441-79.3 is still needed. Failure to document adequately can result in recoupment of payment. On-Call documentation should be used to determine the number of days to be billed to the IME each month. Providers must ensure that Medicaid is billed only for the appropriate number of days; not for the maximum number of approved days, not for more days than are in a month, and not for times when the member was not in residence during bed census.

How will this service be billed to the IME?

This new service will be billed using the procedure code T2031. A unit of service is one day. The maximum daily rate that can be billed is \$25.00, but providers can bill a lower rate. Each ALF should have one on-call rate that would be charged to all Elderly Waiver members in that facility. This rate should not vary among waiver members.

The maximum number of billed days can be no greater than the number of days in a particular month. For example: 31 days may be approved in the service plan, but for the month of April only 30 days can be billed.

At the end of each month, the provider will determine the total charge for on-call services to be entered onto that month's claim form. The total charge is determined by multiplying the number of nights the member was counted at bed census time by the daily rate from the approved service plan. For example: the member was present for 25 nights X \$23.00/night = \$575.00 total charge for on-call services. The provider must not bill for nights when the member is not present in the facility during bed census.

ALF providers will include this new code on the same claim form that they are using to bill CDAC, home delivered meals, or other waiver services. It is not necessary to bill on-call service on a separate claim form. Each waiver service provided in a month is entered onto a separate line on the same claim form. Any questions about claim form completion can be answered by the IME Provider Services Unit at 800-338-7909 or 515-256-4609.

Upcoming Webinar:

The IME will be hosting a webinar for this new service on January 23, 2013, from 1:00 -2:00 PM. Please forward any questions or areas of concern that you would like to have addressed in this webinar to howlan@dhs.state.ia.us before January 15, 2013. Reserve your seat for the webinar at: <https://www2.gotomeeting.com/register/925100242>. After registering you will receive a confirmation email containing information about joining the Webinar.